

Application for Certification as an Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

PJM control area?	Yes	□ No
port capabilities?	☐ Yes	□ No
Fax		
Eav		
	PJM control area? port capabilities? Fax	PJM control area?

Allyson Browne, SRECTrade, Inc.	
Mailing Address	_
201 California Street, Suite 630	-
San Francisco, CA 94111	-
Phone877-466-4606 Fax732-453-0065	_
Email applications@srectrade.com	-
6. Name of REC/SREC Owner same as owner	
Mailing Address	_
Phone Fax	-
Email	-
7. List all PJM-EIS GATS State Certification Numbers assigned to this facility: None	_
8. Operational Characteristics:	_
Fuel Types Used (check all that apply):	
☐ Gas combustion from the anaerobic digestion of organic material	
☐ Geothermal	
lacktriangle Ocean, wave or tidal actions, currents, or thermal differences	
☐ Qualified Biomass ⁱ	
☐ Qualified Fuel Cells ⁱⁱ	
☐ Qualified Hydroelectric ⁱⁱⁱ	
☐ Qualified Methane Gas captured from a landfill gas recovery systemiv	

	☑ Solar
	☐ Wind
	If co-firing, provide the formula on file with PJM Environmental Information Services, Inc. (PJM-EIS)n/a
	Rated Capacity (in megawatts) 0.00896 MW
	If multiple fuel types are utilized, attach the formula for computing the proportion of output per fuel type by megawatts per hour generated.
	Facility Final Approved Interconnection Date 6/14/2016
	If co-firing with fossil fuels, co-fire start date_n/a
	If co-firing with fossil fuels, attach the allocation formula on file with PJM.
9	. Is the Applicant's facility customer-sited generation ^v ? ☑ Yes □ No
	Is the Applicant's facility a community owned generating facility ^{vi} ? ☐ Yes ☑ No
	Can the output from the customer-sited generation be appropriately metered? ☑ Yes □ No

l, <u>Allyson Browne</u>	(print name) h	ereby certify under	penalty of perjury that
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- I have made reasonable inquiry, and the information contained in this
 Application is true and correct to the best of my knowledge, information and
 belief.
- 2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.
- 3. I/my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.
- 4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.
- 5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signatu	re:	ally	son	Brow	ne	
Date: _	7/2	22/2016				

Required Documentation:

- If the facility is customer-sited generation, attach a copy of the utility's Final Approved Interconnection Agreement
- If the facility is a community-owned energy generating facility, attach a list of contact information (names, address, phone number, fax, and email) of all owners or customers who are sharing the output of the generator.
- One copy of U.S. Department of Energy, Energy Information Administration Form EIA-860, if rated capacity is >1.0 MW

ⁱ "Qualified Biomass" means electricity generated from the combustion of biomass that has been cultivated in a sustainable manner as determined by Delaware Department of Natural Resources and Environmental Control (DNREC), and is not combusted to produce energy in a waste to energy facility or in an incinerator.

"Qualified Fuel Cells" means electricity generated by a fuel cell powered by Renewable Fuels, as that term is defined in Section 1.0 of the Rules and Procedures to Implement the Renewable Energy Portfolio Standard, Delaware Public Service Commission Regulation Docket No. 56.

"" "Qualified Hydroelectric" means electricity generated by a hydroelectric facility that has a maximum design capacity of 30 megawatts or less from all generating units combined that meet appropriate environmental standards as determined by DNREC.

"" "Qualified Methane Gas" means electricity generated by the combustion of methane gas captured from a landfill gas recovery system; provided, however, that:

- Increased production of landfill gas from production facilities in operation prior to January 1, 2004 demonstrates a net reduction in total air emissions compared to flaring and leakage;
- 2. Increased utilization of landfill gas at electric generating facilities in operation prior to January 1, 2004 (i) is used to offset the consumption of coal, oil, or natural gas at those facilities, (ii) does not result in a reduction in the percentage of landfill gas in the facility's average annual fuel mix when calculated using fuel mix measurements for 12 out of any continuous 15 month period during which the electricity is generated, and (iii) causes no net increase in air emissions from the facility; and
- Facilities installed on or after January 1, 2004 meet or exceed 2004 Federal and State air emission standards, or the Federal and State air emission standards in place on the day the facilities are first put into operation, whichever is higher.

[&]quot;Customer-sited Generation" means a generating unit that is interconnected on the end use customer's side of the retail electricity meter in such a manner that it displaces all or part of the metered consumption of the end-use customer.

[&]quot;Community-owned Energy Generating Facility" means a renewable energy generating facility that has multiple owners or customers who share the output of the generator, which may be located either as a stand-alone facility or behind the meter of a participating owner or customer. The facility shall be interconnected to the distribution system and operated in parallel with an electric distribution company's transmission and distribution facilities.



DELAWARE INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection (Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW) (Final Agreement – must be completed after installation and prior to interconnection)

Certificate of Completion¹¹

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Customer Name: Joe Jordan		
Mailing Address: 840 Kingswood Path		
City: Middletown	State: DE	Zip Code: 19709
Telephone (Daytime): 302-530-3680	/ (Evening):	
Fax Number:	E-Mail Addre	ess: joseph_jordan@verizon.net
FACILITY INFORMATION		
Facility Address: 840 Kingswood Path		
City: Middletown	State: DE	Zip Code: 19709
DDI 4		r#: 1ND360344977
Energy Source: Solar PV		me Mover: Photovoltaics
Inverter Type: Forced Commutat		
Number of Inverters: 2		
Inverter Manufacturer: SMA	Model Numbe	er(s) of Inverter: 5000TLUS22
AC I	nverter Total ¹³ Rating <u>10</u>	plate Rating: 8.96 (kW), 3.0 (kW), pacity ¹⁴ : 12.5 (kW) (kVA)
Generator (or PV Panel) Manufac	oturer, Model # ¹⁵ : <u>Solarwo</u>	orki 280
Information entered here on Certificate Sum of all generators or PV Panels	of Completion (Part 2) must ma	atch part 1

Sum of all inverters
 This will be your system design capacity based upon your unique system variables.
 If more than one type, please list all manufactures and model numbers.

EQUIPMENT INSTALLATION CONTRAC	TOR Owner (Customer) Installed: Yes
Contractor Name: Liberty	
Mailing Address: 5700 Kirkwood Highway	
City: Wilmington	State: DE Zip Code: 19808
Telephone (Daytime): 302-660-2187	(Evening):
Fax Number:	
	ERCONNECTION CUSTOMER SIGNATURE
attached. The Interconnection Customer ac Generator Facility until receipt of the final abelow. Signed: Signature of interconnection	nd has been approved by the local electric inspector ectric inspector's form indicating final approval is sknowledges that it shall not operate the Small cceptance and approval by the EDC as provided Date 6/1/16 Customer)
Printed Name:Joseph Jordan	
Check if copy of signed electric inspection f	orm is attached 🔳
ACCEPTANCE AND FINAL APPROVAL F	OR INTERCONNECTION (for EDC use only)
The interconnection agreement is approved	and the Small Generator Facility is approved for and return of this Certificate of Completion by EDC:
Electric Distribution Company waives Witne If not waived, dat 12:4	ss Test? (Initial) Yes (HC) No () ss06.14 Passed: (Initial) () 7:14-04'00' Date: 6/14/2016
Printed Name: Harry Cabell	Title: Acct Coordinator

	or wind sited in Delaware, is a minimum of ergy equipment, inclusive of mounting vare?
Tyes* Dervices Company Company Name of Installer 5700 Kirkwood Huy 106 Address Wilmington, DE 19808 Address	Signature of Company Representative Signature of Company Representative Print Name of Company Representative
facility identified o If the supplier's invoice shows on the company's matching PO that used/installed, must also be supp o If using a master invoice, a record	Delaware manufactured equipment with this ly a coded Purchase Order (PO) number, a copy of includes the address where the materials were
consists of at least 75% Delawa Yes* No	ructed or installed with a workforce that
who are Delaware residents? Wes* No Liberty Services Company Company Name of Installer 5700 Kirkwood Hwy 106 Address Authory OF 19808 Address	Signature of Company Representative Stephanic Jenans Print Name of Company Representative
*If Yes, please attach supporting documentation (se qualify for the Labor/Workforce Bonus, at least one Rev. 8-11-2015	e pages 7-8 for details). Please note, in order to of the options (a. or b.) must be met.
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I, Stephane Jakes (print name) hereby certify under penalty of perjury that

- 1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.
- 2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.
- 3. I/my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.
- 4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.
- 5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature:	
Date: 6-15-16	

Rev. 8-11-2015

Documentation Required for Delaware Labor/Workforce Bonus

- 11. If the Applicant's installation is solar or wind sited in Delaware:
 - a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

If you answered yes to "a." above, complete the following as evidence.

The following individuals (list every employee) were employed by	

Installation Company Name

as direct labor (physical construction and installation) for this facility: (Attach additional sheets if necessary)

Please complete the following information for all individuals listed above:

Name	Home Address City, State only (As per Tax Withholding)	Social Security Number (Last 2 digits only)
7/1		
	ployees: Total N elaware Residents Divided by Total Emp	

Documentation Required for Delaware Labor/Workforce Bonus

- 11. If the Applicant's installation is solar or wind sited in Delaware:
 - b. Does the installing company employ, in total, a minimum of 75% of workers who are Delaware residents?

Installation Company Name

employed the following individuals (list EVERY employee on the payroll during the period from project start date until project completion date). Projects are considered complete upon final interconnection approval to operate. (Attach additional sheets if necessary)

Project Start Date: ______ Project Complete Date: ______

Employee Full Name	Home Address City, State Only (As per Tax Withholding)	Social Security Number (Last 2 digits Only)

Total Delaware Resident Employees: % of Delaware Residents (Delaware Resid		tal Number of Employees:_ Employees):	
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